

AUTHORIZATION FOR MINNESOTA WORKERS' COMPENSATION CLAIMS FILE  
REVIEW OR RELEASE OF COPIES

Minnesota Statutes § 176.231 requires that authorization be given by the employee, employer, insurer, or dependent of the deceased employee in order to review and/or copy any or all parts of a Workers' Compensation file.

Minnesota Rules part 5220.2880, Subpart 1, requires that authorizations to see a file must be in writing, signed and dated within the last six months by a party to the claim, and must specify who is authorized to review the file. The rule also provides that data may not be released over the telephone without this authorization in the file.

This authorization must be an **original** signed and dated by the appropriate party, and addressed to Workers' Compensation Information Processing Center, Copy/File Review section. Please be specific as to the date of injury. If you wish to review all files for a particular employee, please indicate "**any and all**" dates of injury. Only those dates of injuries indicated on the authorization can be reviewed and/or copied by the requesting party. An employer or insurer must obtain authorization from the employee to review a file to which it is not a party.

An authorization form follows.

**AUTHORIZATION FOR FILE  
REVIEW OR RELEASE OF  
COPIES OF WORKERS'  
COMPENSATION CLAIM FILE**



DO NOT USE THIS SPACE

TO: STATE OF MINNESOTA  
Department of Labor and Industry  
Data Management and Training  
Workers' Compensation File Review Office  
PO Box 64226  
St. Paul, MN 55164-0226  
Phone No. 651-284-5200  
Fax No. 651-284-5731

I hereby authorize \_\_\_\_\_  
to review and/or receive copies of any or all parts of the Minnesota workers' compensation claim file(s), for the  
date(s) of injury *indicated below*. This authorization is valid for six months from the date signed.

EMPLOYEE	SOCIAL SECURITY NUMBER	DATE(S) OF INJURY
EMPLOYER	INSURER (if known)	

**NOTICE:** Information concerning disability may not be used to make a job decision unless state or federal law permits use of this information. Unless authorized by state or federal law, any use or distribution of this information beyond that authorized by the subject of this data is prohibited. Questions concerning use of disability, information may be directed to the Minnesota Department of Human Rights at (651) 296-5663 or toll-free in greater Minnesota at 1-800-657-3704.

SIGNATURE	COMPANY NAME (if applicable)	DATE
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